

L11000125608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

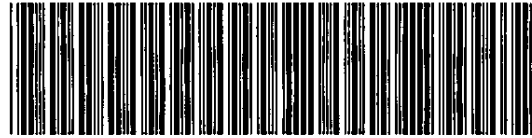
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400291987324

11/07/16--01017--025 \*\*30.00

FILED  
16 NOV -7 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. SCOTT  
NOV 9 2016

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ANCABALYRI I LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOAO PEDRO VOLZ  
Name of Person

VD&T INTERNATIONAL LLC  
Firm/Company

150 SE 2ND AVE, STE 505  
Address

MIAMI, FL 33131  
City/State and Zip Code

MANAGEMENT@VDTINTERNATIONAL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOAO PEDRO VOLZ at 305 878-1516  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

16 NOV - 7 AM 11:41  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ANCABALYRI I LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/03/2011 and assigned Florida document number L11000125608.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

\_\_\_\_\_  
\_\_\_\_\_

FILED  
16 NOV -7 AM 11:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

SJ LAW GROUP LLC

New Registered Office Address:

150 SE 2ND AVE, STE 506

Enter Florida street address

MIAMI

City

, Florida 33131

Zip Code

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



**If Changing Registered Agent, Signature of New Registered Agent**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SCHILLING MINUZZI, ANTONIO CARLOS	1331 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		STE CU-2.	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	MINUZZI, LYANE KUNDE	1331 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		STE CU-2.	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	ANTONIO CARLOS SCHILLING MINUZZI FILHO	1331 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		STE CU-2.	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	MINUZZI, BARBARA KUNDE	1331 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		STE CU-2.	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	MINUZZI, RICARDO KUNDE	1331 BRICKELL BAY DRIVE	<input type="checkbox"/> Add
		STE CU-2.	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MGR	AUGUSTO, THIAGO NEVES	6801 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		APT: LPH07	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Change

FILED  
 NOV-7 AM 11:4  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	MICHELI DI BIASE NEVES, MARCELLA	6801 COLLINS AVENUE	<input checked="" type="checkbox"/> Add
		APT: LPH 07	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33141	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

16 NOV 7 AM 11:41  
 FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 10/26/2016

Handwritten signature of a member or authorized representative of a member.

Signature of a member or authorized representative of a member

cbán Pedro Veb

Typed or printed name of signee

FILED NOV - 7 AM 11:41 SECRETARY OF STATE TALLAHASSEE, FLORIDA